



21ST CENTURY COMMUNITY LEARNING CENTERS Registration Form

RECREATION, PARKS & OPEN SPACE



(PROGRAM RUNS FROM SEP 9, 2013 - JUNE 06, 2014)
WHEN COMPLETING FORM, PRINT LEGIBLY IN INK.

PLEASE CHOOSE A PROGRAM SITE

☐ Blair Middle School
M-F 3:00p–6:00p (See attached fee chart)

☐ Lafayette-Winona Middle School
M-F 3:00p–6:00p (See attached fee chart)

☐ Lake Taylor Middle School
M-F 3:00p–6:00p (See attached fee chart)

PARTICIPANT INFORMATION

Last Name _____ First Name _____ M.I. _____

Date of Birth (MM/DD/YYYY) _____ Age (as of 9/30/13) _____ Grade (as of 9/13) _____
☐ Male ☐ Female T-shirt Size: ☐ Youth ☐ Adult (S, M, L, XL, XXL)

Ethnicity (Optional):
(Check all that apply) ☐ Caucasian ☐ African American ☐ Asian ☐ Hispanic ☐ Native American ☐ Other

Street Address: _____
(Must be same as address on file with Norfolk Public Schools) ¹ Apt. # _____

City _____ State _____ Zip Code _____ Home Phone Number _____
Mailing Address (if different from above) Include City, State and Zip Code: _____

Mailing address (must be same as address on file with Norfolk Public Schools) ¹

PARENT/GUARDIAN INFORMATION

(Will be contacted first in an emergency)

Primary Guardian Name _____ Work Phone () - () - Cell Phone _____ Primary/Preferred E-mail Address _____

Secondary Guardian Name _____ Work Phone () - () - Cell Phone _____ Primary/Preferred E-mail Address _____

The participant lives with: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Guardian
☐ Institutional - Child Care ☐ Other Relative ☐ Mother/Stepfather ☐ Father/Stepmother ☐ Foster Care

If legal parents are separated or divorced, who has legal custody²? ☐ Both ☐ Mother ☐ Father ☐ Other

EMERGENCY CONTACT INFORMATION

(Other than Primary and Secondary Guardians)

Emergency Contact #1 Name _____ Relationship to Participant _____ Phone Number () - () - ☐ Home ☐ Cell ☐ Work

Emergency Contact #2 Name _____ Relationship to Participant _____ Phone Number () - () - ☐ Home ☐ Cell ☐ Work

HEALTH AND MEDICAL INFORMATION

Please list any allergies, ³disabilities, medical/special conditions or fears that may affect the participant's stay during the program or while being transported home.

TRANSPORTATION INFORMATION

My child will (check all that apply): ☐ Ride the bus⁴ ☐ Walk home ☐ Be picked up by a car

List all persons who have permission to pick up your child from the program:

List all persons who **do not** have permission to pick up your child from the afterschool program:

1. Norfolk Public Schools (NPS) will not provide transportation unless the address provided on this application matches the address on file at participant's school.
2. Please provide a copy of the custody paper work to have on file if applicable.
3. Please attach any medical condition, disabilities or physical/emotional behavioral explanation to this application.
4. NPS provides transportation for participants who are enrolled students at the program site during the school day and are zoned for daily transportation.

Participant's Name:

Last

First

Read each section carefully and in its entirety prior to initialing and signing. Please complete in ink.

AUTHORITY AND ACCURACY

Initial

As the parent/guardian of the above named participant, I am authorized to sign this form. Also, I have completed this form in its entirety and all information are current and accurate.

STUDENT CODE OF CONDUCT

Initial

I understand that Norfolk Public Schools recognizes that parents/legal guardians must play a vital role in the education of their children. The Commonwealth of Virginia has mandated this parental involvement in the Code of Virginia section 22.1-279.3 entitled Parental Responsibility and Involvement Requirements. This law states that each parent of a student enrolled in a public school has a duty to assist the school in enforcing the standards of student conduct and attendance in order that education may be conducted in an atmosphere free of disruption and threat of persons or property, and supportive of individual rights. Failure to comply may result in criminal and civil penalty. I have reviewed the NPS Student Code of Conduct Pamphlet with my child and recognize my responsibility to assist Norfolk Public Schools and the Afterschool Program in enforcing the system's code of student conduct. I also understand that by signing this statement of receipt, parents and guardians are not deemed to waive, but to expressly reserve, their rights protected by the constitutions of the United States or the Commonwealth, and parents retain the right to express disagreement with any school's or school division's policies or decisions.

RISKS/MEDICAL TREATMENT

Initial

In consideration of the above named participant's involvement in the activities provided by and through the City of Norfolk Department of Recreation, Parks and Open Space (RPOS), I authorize the City of Norfolk, its representatives and authorized individuals to take and provide all necessary medical attention should the participant be injured while being transported to or from and/or participating in any RPOS-sponsored activity. I release the City of Norfolk, its representatives and authorized individuals from liability in case of accident during program activities; also, I acknowledge and assume the risks and responsibilities involved in program activities. I assume these risks realizing the capabilities of the participant. I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

FIELD TRIP/OFF-SITE ACTIVITIES

Initial

I understand that the After The Bell program may include field trips and off-site educational activities and that I will be given prior notice of the dates and locations of these field trips and activities. I give permission the above named participant to be transported to and from and participate in all field trips and off-site activities during the course of the program. I agree to release the City of Norfolk Department of Recreation, Parks and Open Space (RPOS), its representatives and authorized individuals from any claim for personal injury or damages resulting from the above named participant's involvement in these field trips and activities.

COMPLETED REGISTRATION FORMS AND PAYMENTS

Initial

Lafayette-Winona, Lake Taylor, and Blair Participants: I understand that my registration form is not considered complete and will not be processed until payment is received and/or financial assistance arrangements have been made. Also, I understand the program fee structure and agree to pay in accordance with the payment schedule, otherwise risking the removal of the above named participant from the After The Bell program. If I experience financial hardship, I understand that I can submit a Fee Reduction/Fee Waiver Form at any time, but submitting said form does not guarantee approval.

By affixing my signature below, I acknowledge that I have read, understand and agree to the terms and conditions for participating in the *After The Bell* program:

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

PHOTO RELEASE PERMISSION

☐ **Yes:** I understand that the participant named above may be photographed and/or videotaped while participating in the After The Bell program and its activities at this facility and other off-site locations. I agree to allow the City of Norfolk Department of Recreation, Parks and Open Space, Norfolk Public Schools and 21st Century Community Learning Centers to use said photographs and/or videotapes in Department/Organization publications, media campaigns, educational and/or safety purposes. I further waive any remuneration for publishing and/or printing such photographs. I understand that by affixing my signature on this form that I attest to having read, fully understand and agree to the conditions as set forth above.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

REGISTRATION & PAYMENT INFORMATION

Registration & Payments: Accepted by mail or in-person Monday-Friday from 10:00a-4:00p. No appointment necessary.

Mailing address/walk-in location: Bureau of Youth Services, Attn.: After The Bell, 700 E. Olney Road, Norfolk, VA 23504

Payments: Only checks or money orders accepted, made payable to Treasurer, City of Norfolk. Payments must be made at the office of the Bureau of Youth Services. **Do not make payments at the program locations. ATB staff cannot accept payments at the program sites.** Financial assistance is available for those who qualify.

For more information: Call (757) 441-1034.

Special assistance: Individuals with a disability are entitled to participate in programs offered by the Norfolk Department of Recreation, Parks & Open Space. If you require any special accommodations, call (757) 441-1034 at least seven days prior to starting the program.

Schedule of Fees & Payment Information for LWMS, LTMS, & BMS After The Bell (Sep 9, 2013-Jun 6, 2014)

PAYMENT #	DUE DATE	AMOUNT DUE	LATE FEE ASSESSED	ADJUSTED BALANCE (\$10 Late Fee Added)
Payment #1	Mon, 9/16/13	\$40	Thu, 9/26/13	\$50
Payment #2	Tue, 10/15/13	\$40	Fri, 10/25/13	\$50
Payment #3	Fri, 11/15/13	\$40	Mon, 11/25/13	\$50
Payment #4	Mon, 12/16/13	\$40	Thu, 12/26/13	\$50
Payment #5	Wed, 1/15/14	\$40	Mon, 1/27/14	\$50
Payment #6	Mon, 2/15/14	\$40	Thu, 2/27/14	\$50
Payment #7	Mon, 3/17/14	\$40	Thu, 3/27/14	\$50
Payment #8	Tue, 4/15/14	\$40	Fri, 4/25/14	\$50
Payment #9	Thu, 5/15/14	\$40	Mon, 5/26/14	\$50

Submit payments in-person or mail to:
Bureau of Youth Services
700 E. Olney Road
Norfolk, VA 23504
Office Hours: Monday-Friday, 10:00a-4:00p
For more information: Call (757) 441-1034.
Only checks or money orders accepted made payable to City Treasurer, Norfolk. No cash accepted.

Program Fees & Family Discounts

(For immediate family members only)

1 child: \$360/year or nine (9) \$40 payments 2nd child: \$270/year or nine (9) \$30 payments 3rd child: \$180/year or nine (9) \$20 payments Each add'l child: \$180/year or nine (9) \$20 payments

Prorated Fees: If a child is enrolled after the program start date, fee may be prorated in increments based on the time frame of the registration.

FINANCIAL ASSISTANCE APPLICATION

Indicating participation in any financial assistance programs, does not necessarily grant an ATB program monthly fee waiver or fee reduction. Income verification is required to make this determination. If awarded financial assistance for program fees, Family Discount offer does not apply.

Participant's Name:

Last

First

FREE OR REDUCED LUNCH ELIGIBILITYIs the participant eligible to receive free or reduced lunch at school? ☐ Yes ☐ No**NUMBER IN HOUSEHOLD**

People supported by income listed below: _____

CURRENT GOVERNMENT ASSISTANCE (✓ Check all that☐ S.N.A.P. (formerly FOOD STAMPS)☐ T.A.N.F☐ MEDICAID☐ OTHER: _____**GROSS MONTHLY HOUSEHOLD INCOME**

Income Type	Applicant	Spouse
Employment		
Child Support		
Retirement/Pension		
Other		
Sub-total (Individuals)	\$	\$
Total Household Income (add sub-totals listed above together to get total)		\$

REQUESTED SUPPORTING DOCUMENTATION

In order to provide financial assistance in a fair and consistent manner, proof of income must be attached with the Financial Assistance Application.

Option #1: If submitting a document from this list, you do not need to submit anything from Option #2. Documents for Option #1 Include:

- ☐ A most recent 1040 federal income tax return (if you file Married Filing Separately, provide both returns) **and** last two pay stubs/Leave and Earnings Statement or copy of bank statements clearly showing amount of last two automatic monthly deposits.
- ☐ A Social Security or Disability Statement (or copy of bank statements clearly showing amount of automatic monthly Deposit).

Option #2. These documents can be submitted if they contain income verification. Otherwise a document from Option #1 is required. Documents for Option #2 include documentation of any federal assistance such as S.N.A.P. (formerly food stamps), T.A.N.F., Aid to Dependent Children, DHS child care assistance, child support agreement or rent subsidy.